

DRIVEWAY/ROADWAY EXCAVATION PERMIT APPLICATION
CITY OF GROTON - HIGHWAY DEPARTMENT

BE ISSUED TO: _____

CONTRACTORS NAME: _____

ADDRESS: _____

TELEPHONE NO.: _____

DATE OF ISSUE: _____

LOCATION OF WORK: _____

NAME OF PROPERTY OWNER: _____

WORK TO BE PERFORMED: _____

MANDATORY PROOF OF INSURANCE COVERAGE IN THE AMOUNT DESCRIBED BELOW IS REQUIRED. EXCEPTIONS TO THESE REQUIREMENTS ARE SUBJECT TO THE SOLE DISCRETION OF THE CITY OF GROTON ALSO, A PERFORMANCE BOND IN AN AMOUNT EQUAL TO THE ESTIMATED COST OF RESTORING THE STREETS AND SIDEWALKS OR FIVE THOUSAND DOLLARS (\$5,000.00), WHICHEVER IS GREATER, IS REQUIRED. INSURANCE COVERAGE AND PERFORMANCE BOND WILL CONTINUE IN FORCE UNTIL TWELVE (12) MONTHS AFTER SATISFACTORY COMPLETION OF THE WORK. PERMIT FEE IS \$25.00.

NOTIFY CALL BEFORE YOU DIG @ 1-800-922-4455 FOR ANY EXCAVATION IN THE CITY RIGHT OF WAY

GENERAL LIABILITY

EACH OCCURRENCE	\$1,000,000
PERSONAL/ADVERTISING INJURY PER OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$2,000,000
PRODUCT/COMPLETED OPERATIONS AGGREGATE	\$2,000,000
FIRE DAMAGE LEGAL LIABILITY	\$ 100,000

AUTOMOBILE LIABILITY

EACH ACCIDENT	\$1,000,000
HIRED/NON-OWNED	\$1,000,000

EXCESS (UMBRELLA) LIABILITY

EACH OCCURRENCE	\$1,000,000
GENERAL AGGREGATE	\$1,000,000

WORKERS COMPENSATION

STATUTORY REQUIREMENT SET FORTH BY THE STATE OF CONNECTICUT

SKETCH OF THE PROPOSED WORK ON SECOND SHEET

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THE UNDERSIGNED HEREBY AGREES TO CONDUCT THE ABOVE DESCRIBED WORK IN ACCORDANCE WITH THE REGULATIONS OF THE CITY OF GROTON, HIGHWAY DEPARTMENT. FOR ANY QUESTIONS, YOU CAN CONTACT:

BILL LEWIS P.W.P.E. (860) 446-4164

SIGNED: _____ DATE: _____

PRINT NAME: _____

CONTACT PERSON: _____

SITE TELEPHONE NO.: _____

